
NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS PUBLICATIONS

NO. 8.—FIRST ANNUAL REPORT OF THE COMMITTEE

FIRST ANNUAL REPORT OF THE NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS

INCLUDING THE SEVENTH ANNUAL REPORT OF
THE NEW YORK STATE COMMITTEE FOR THE
PREVENTION OF BLINDNESS—NOVEMBER, 1915

NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS
130 EAST TWENTY-SECOND STREET, NEW YORK

NY 2330
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NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS

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A. M. Shotwell

FIRST ANNUAL REPORT
OF THE
NATIONAL COMMITTEE FOR THE
PREVENTION OF BLINDNESS

WITH WHICH IS INCLUDED THE

SEVENTH ANNUAL REPORT OF THE NEW
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PREVENTION OF BLINDNESS

NOVEMBER, 1915

130 EAST TWENTY-SECOND STREET
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FIRST ANNUAL REPORT

OF THE

NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS

1915

This Committee represents a need strongly felt in many sections of the United States for a bureau of information and advice, and for leadership in the movement for the conservation of vision. Following its organization January 1, 1915, immediate steps were taken to serve its purpose by preparing to meet such demands as might be anticipated.

ORGANIZATION

A Board of Directors of thirty persons* is the responsible governing body. A Managing Director was chosen as the executive officer of the Board of Directors to maintain, under the direction of an executive committee, the active prosecution of the Committee's purposes; a Secretary and a Field Secretary were elected to carry forward the work. To each were assigned fields for specialized study, while co-operating in all lines. To report progress of the movement for conservation of vision and furnish a medium of exchange of experiences, a "News Letter," in multi-graphed form, was planned and issued at irregular intervals. Publications, an extensive collection of lantern slides, and a field service were provided.

Note.—This report covers the period of ten months, January 1 to November 1, 1915, in so far as the activities of the Committee are concerned. The financial report covers the period January 1 to September 30, 1915, the close of the fiscal year of the Committee.

* See second page of cover for list of names of Honorary Officers, Board of Directors, and Advisory Members.

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ACHIEVEMENTS

How adequately these proposed activities have been carried out may be judged from the reports of the Secretary and the Field Secretary, which are a part of this report.

The Secretary, Miss Van Blarcom, has kept in touch with the workers for control of inflammation in the eyes of the new-born, that cause of needless blindness which has been credited with responsibility for more than one-fourth of the loss of vision of children, and by correspondence and articles in the daily and other periodical press, as well as by personal service in public lectures and private conferences, has contributed to the efforts constantly being made to eradicate it. In like manner she has labored for the elimination of blindness by poisoning from wood alcohol and for the improvement of the status of midwifery.

The Field Secretary, Mr. Berry, has made special studies in the work of preventing blindness from trachoma and from eye injuries in the industries, and in the field of faulty and harmful illumination. He, too, has conducted a large correspondence and rendered personal services, the latter more particularly in the states of Kentucky, Tennessee, and North Carolina. Our publications have reached a circulation of 50,000 copies, our other facilities for educational propagandism have been liberally used, we are in intimate touch with work in a score of states and especially close to that in five of them.

The success of the News Letter has been gratifying and surprising. It was issued first in May, 250 copies being prepared; the second issue numbered 300; the third and latest, 600. All editions have been exhausted.

AIMS

Our purpose is to serve the objects set forth in our By-Laws, namely:

1. To endeavor to ascertain, through study and investigation, any causes, whether direct or indirect, which may result in blindness or impaired vision.
2. To advocate measures which shall lead to the elimination of such causes.

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3. To disseminate knowledge concerning all matters pertaining to the care and use of the eyes.

For the present we shall confine our efforts principally to the education of the public, the encouragement and assistance of workers interested in this field of public health service, the formation of associations and committees in all parts of the country for furthering the cause of conservation of vision, and the production of popular literature of an authoritative nature for use of societies and individuals. We shall render personal service through our staff wherever practicable.

Ophthalmia Neonatorum.—For many years, doubtless, the effort to reduce needless blindness must concern itself with education regarding inflammation in the eyes of the new-born. Reports from the schools for the blind* seem to indicate a gradual diminution of the number of pupils whose loss of sight is due to this most prolific cause of blindness in children. There is yet much to be done, however, and the attention of workers in this field must be kept fixed on the means and methods of preventing blindness from this cause. In this work, as in all other directions of effort, we have the approval and co-operation of the American Medical Association, through its Council on Health and Public Education, and, in particular, of its sub-committee on the Conservation of Vision.

Trachoma, a disease little understood, is found in almost all parts of the country and is claiming victims to an alarming extent. We have secured the cordial approval and assistance of the United States Public Health Service authorities in the effort to make known the dangers of its spread and the methods of its eradication. Our Committee had a fine opportunity to serve one of its purposes in sending the Field Secretary to Kentucky at a time when help was most needed and greatly appreciated. The result was a promise from influential quarters to bring about measures for waging war on trachoma.† Legislative action in many other states must be secured and the dangers of the disease must be more widely brought to public attention.

Faulty and pernicious illumination continues to harm eyes as

* See page 9 for comparative statistics.

† See page 18 for extended report.

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well as reduce efficiency. Co-operation with the Illuminating Engineering Society by exchange of experiences and services has made possible some useful accomplishments in this field. It is, however, a new science, this one of proper illumination. It opens a field for study and experimentation that proper standards may be adopted for the conservation of vision. We shall hope, in time, to secure an examination of the subject and a report from sources of undoubted authority.

Accidents cause a large part of the loss of sight, as well as result from poor sight, and we have secured co-operation with the National Safety Council in the field of saving sight from loss by eye-injuries. There is for us an important work in calling attention to prevention of blindness from accidental injuries in the thousands of small manufactories where such care is not taken for preservation of the eyes as may be observed in the great plants of the United States Steel Corporation and other large employers. Workmen's compensation laws where enacted demand protection from eye hazards, but we can not trust the mere enactment of such laws to secure universally improved conditions. We shall co-operate, where opportunity offers, in public and private efforts to reduce blindness from injuries.

Wood alcohol poisoning has had its blinded victims in various sections of the country, and the chief voice in protest has been that of the New York State Committee. The result of such protests as have been made is the proper labeling as poison of the containers of methyl alcohol, the change of name by which it is to be known and the co-operation of the leading manufacturers in rendering their product less dangerous. There is much to be done in the direction of protecting the public by education and legislation on the subject of the dangers to vision of drinking or inhaling the fumes of this poison.

Co-operation with Public and Private Agencies.—We purpose to continue efforts to collaborate with individuals, public officials, or official bodies, and private associations for conserving vision. Among national organizations other than those already mentioned which maintain cordial and helpful relations with this Committee are the several associations of nurses, the instructors of the blind and workers for the amelioration of the condition of the blind.

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To summarize: we are ready to lend aid in this movement to individuals and associations

1. By serving as a bureau of advice, information, and inspiration;
2. By providing a useful literature on the subject of saving sight;
3. By loaning and selling lantern slides for lecturers and instructors;
4. By preparing charts and exhibits for lending;
5. By giving personal attention and personal services in organization of further efforts to prevent blindness and conserve vision, through state commissions and associations now in existence or to be formed, public health officials or voluntary associations working in this field, and individuals.

NEW YORK STATE COMMITTEE

Continuing the work of the previous six years in New York State, the special Committee for the state, under the efficient leadership of the Chairman, Miss Louisa Lee Schuyler, has maintained a steady advance in the educational movement for prevention of blindness in New York. Its recommendations have been followed and its aid sought by public officials and by business organizations. It has added to a record of great achievement another year of earnest effort to improve conditions through publicity and by personal touch. The seventh annual report of the New York Committee is included with this report.

While an integral part of the National Committee, the New York State Committee for the Prevention of Blindness* maintains its identity and confines its attention to its specific field. The financial support of the State Committee's work is a part of the expenditures of the National Committee.

Financial.—At page 26 will be found the Managing Director's report of receipts and expenditures, and at page 27 the Treasurer's report. For the first year our work has been made possible through the interest and generous gifts of the Russell Sage Foundation and the Rockefeller Foundation. While the Foundations have given assurance of some help, we now require donations from

* See third page of cover for the names of members of the New York State Committee.

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other sources and proceeds from memberships to carry forward this service to the nation and humanity.

Public Addresses.—In addition to the duties and responsibilities of the general management of the National Committee's affairs, it has been my privilege to share in the service publicly rendered by delivering addresses in Chicago before the Illinois Association for the Prevention of Blindness, in Albany and Glens Falls under the auspices of the New York State Commission for the Blind, at the Buffalo meeting of the New York State Medical Society, at the Educational Alliance and Cooper Union in New York City, and in Berkeley, California, at the meeting of the American Association of Instructors of the Blind.

EDWARD M. VAN CLEVE,
Managing Director.

November 1, 1915.

REPORT OF THE SECRETARY

MR. EDWARD M. VAN CLEVE, Managing Director,
National Committee for the Prevention of Blindness.

Dear Sir: I beg to submit the following report upon my work as Secretary of the National Committee for the Prevention of Blindness from January 1st to November 1st, 1915.

I have been instructed to promote work for the prevention of blindness caused by babies' sore eyes and wood alcohol poisoning, to help towards the better training and control of midwives, and to give such assistance as was possible to workers in other states in the development of these three branches of the work; also to extend the general educational work of the Committee through co-operation with the Children's Bureau at Washington, women's clubs and nursing organizations, and through the preparation and publication of pamphlets, magazine articles, press notices, correspondence, lectures and addresses, and through lending and selling lantern slides and photographic exhibit material.

BABIES' SORE EYES

Figures from Schools for the Blind.—During the past year 602 pupils were admitted to 28 schools for the blind in this country; 91 of these children, or 15.1 per cent., were blind from ophthalmia neonatorum. A comparison of these figures with those secured during previous years* would suggest that a reduc-

* PROPORTION OF PUPILS NEWLY ADMITTED TO SCHOOLS FOR THE BLIND, DURING THE PAST EIGHT YEARS, WHO ARE BLIND FROM OPHTHALMIA NEONATORUM

SCHOOL YEAR	NO. OF SCHOOLS REPORTING	TOTAL NEW ADMISSIONS	PUPILS BLIND FROM O. N.	PER CENT.
1907-8.....	10	290	77	26.5
1908-9.....	14	300	68	22.6
1909-10.....	13	325	67	20.6
1910-11.....	15	351	84	23.9
1911-12.....	24	415	88	21.2
1912-13.....	21	386	88	22.7
1913-14.....	19	428	84	19.6
1914-15.....	28	602	91	15.1

tion in preventable blindness is beginning to result from the campaign started in 1906 by the American Medical Association, although a decrease in the figures during one or two years is scarcely enough from which to draw conclusions.

Laws.—The State legislatures of Illinois, Ohio, and Tennessee have amended existing laws for the prevention of blindness from babies' sore eyes in such a manner as to provide a more effective system of control than was possible under the old statutes. California, Oregon, and North Carolina have enacted laws for the first time, and the Idaho State Board of Health made rulings requiring that babies' sore eyes be reported. (See Appendix for summary of laws.)

The new law in Ohio merits special attention, as it includes practically all of the desired provisions for the safeguarding of infants' sight, namely, requiring that physicians, midwives, and other attendants report babies' sore eyes to local health officers; that health officers follow up reported cases and provide care when necessary; that an appropriation be made to enable the State Department of Health to distribute prophylactic outfits and copies of the reporting law and keep a record of cases; and fixing a penalty for violating the law.

Prevention of Blindness Work in California.—As I visited San Francisco a short time after the admirable California bill became a law, I was asked to offer some suggestions which would promote the enforcement of the law. The points emphasized were the importance of wide-spread educational work and the necessity of having nurses to follow up cases reported to local health officers. Details of such a system were discussed at several meetings and at a number of conferences with interested persons.

The Supervisor of Nurses in the State Department of Health is endeavoring to have infant welfare and visiting nurses throughout the state volunteer their services to local health officers in making this law effective. The San Francisco Commissioner of Health has arranged to take care of reported cases.

Birth certificates issued by the California and San Francisco Departments of Health will include in future the question, "What preventive for ophthalmia neonatorum did you use?" and the San Francisco Department of Health is to be particularly com-

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mended for issuing a leaflet giving instructions in the prevention of babies' sore eyes, which is to be given wide distribution.

To assist in the educational work for the prevention of blindness, California workers have bought from this Committee exhibits on the subjects of babies' sore eyes, midwives and wood alcohol.

MIDWIVES

We have constant evidence of the steadily increasing interest in the importance of recognizing the midwife profession in this country and in endeavoring to raise its status through training, licensure and control.

As midwifery reform must rest upon a foundation of education, it is gratifying to report that a course in midwifery is to be opened this autumn in an important St. Louis hospital, to which only graduate nurses will be admitted. The purpose of this course is to increase the equipment of nurses preparing themselves to engage in some form of public health work. The officials of a Chicago hospital are seriously considering the advisability of providing for midwife training in their wards. In one of the Southern States a fund is being raised to perpetuate work with mothers and children, and it is the purpose of those interested to include midwifery training in this work.

WOOD ALCOHOL

Bills requiring the use of a poison label on wood alcohol were passed during the last session of the legislatures of Rhode Island, New Hampshire, South Dakota, Tennessee, and Kansas. Under old statutes this requirement is also made in Massachusetts, Minnesota, Montana and New York, and by rulings of the local authorities in the cities of Chicago and New York and the District of Columbia.*

Outside of New York City, the Committee knows of but little activity towards controlling the sale and use of wood alcohol. Meanwhile cases of poisoning continue to be reported from vari-

* The use of wood alcohol in drugs, beverages or food is prohibited in the states of Alabama, Colorado, Connecticut, Idaho, Illinois, Iowa, Kentucky, Louisiana, Massachusetts, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, Virginia, and the city of San Francisco, while in Wisconsin certain limitations are imposed upon the use of wood alcohol in the industries.

ous parts of the country, showing the need of arousing further interest in the subject. Within the past year the Committee has knowledge of two cases of blindness and one death in New Jersey, one death in Missouri, one in Montana, five deaths in Georgia and one in New York City, resulting from wood alcohol poisoning.

GENERAL CO-OPERATION AND EDUCATION

Children's Bureau, Washington.—The movement for the prevention of blindness among infants has been definitely advanced as a result of the interest and active efforts on the part of the staff of the Children's Bureau at Washington. The Bureau has included in its Bulletin on "Prenatal Care," instructions concerning the care of the eyes of new-born infants, already advocated by this Committee.

In addition to this, the Bureau is publishing a pamphlet describing the opportunities for co-operation with various organizations engaged in infant welfare work, which will include a description of this Committee's exhibits, lantern slides, leaflets and written popular lectures on the safeguarding of infant eyesight; while the Committee's digest of laws relating to the control of infantile blindness and midwives is to be included in another publication of the Bureau.

Women's Clubs.—A circular entitled "What Women's Clubs and Nursing Organizations Can Do To Prevent Blindness," signed by Mrs. Ella Blair, Chairman of the Public Health Committee of the General Federation of Women's Clubs, and myself, as Chairman of the Committee on Prevention of Blindness and Midwives of the National Organization for Public Health Nursing, contains suggestions for organized work concerning babies' sore eyes, midwives, the eyes of school children, industrial accidents and wood alcohol. This circular was prepared because of frequent requests received from nursing organizations, women's clubs and others, for suggestions in organizing and developing prevention of blindness work.

This circular has been published in the Bulletin of the General Federation, which goes to club women throughout the country, and has also been sent to the Section Chairman and Public Health Leaders of the Federation in all the states—with the

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additional information that literature, exhibits, lantern slides, etc., may be secured from the Committee for the Prevention of Blindness. Women's Clubs are being urged to take up practical work as outlined in the circular, and to include prevention of blindness on the programs of their meetings during the coming year. The circular has been widely reprinted and commented upon in medical, nursing and sociological journals.

Nursing Organizations.—During the annual meetings of the three national nursing organizations, held in San Francisco during June, 1915, representatives to serve as Advisory Members of the National Committee for the Prevention of Blindness were appointed as follows:

American Nurses Association—Miss Estaiene M. De Peltquestagne, Massillon, Ohio.

National League for Nursing Education—Miss Lila Pickhardt, Superintendent Pasadena Hospital, Pasadena, California.

National Organization for Public Health Nursing—Miss Ella P. Crandall, Secretary.

The Committee on Prevention of Blindness of the National Organization for Public Health Nursing was reappointed for the third year, with myself as Chairman, in which capacity I presided in San Francisco at one of the joint sessions of the three national nursing bodies.

The work of the Committee of nurses during the past two years has consisted almost entirely of efforts to arouse the interest of the nursing profession in prevention of blindness work, and to convince its members of the opportunities for service in this field. The progress which has been made in this direction was apparent during the San Francisco meetings, where, not alone at the meetings themselves but during many informal conferences, methods of work were discussed so generally as to indicate that the nurses now recognize prevention of blindness and control of midwives as a phase of public health nursing.

EDUCATION

Probably the most important part of the Committee's work with which I have been concerned has been the educational campaign upon the various causes of avertible blindness and visual impairment and methods of prevention. A very large part of this

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educational work has been done through the medium of correspondence, while other channels have been magazine articles: press notices, lectures and addresses, photographic exhibits, lantern slides, preparation and distribution of publications.

Correspondence.—The correspondence has been with workers in various parts of the country concerning existing statutes in some states and contemplated legislation in others, model birth certificates, methods of enforcing existing laws, organization of local work, preparation for meetings, preparation of lantern slides and exhibits, various kinds of information which would be helpful to local workers, the supplying of material for publications to be issued by other organizations, and the distribution of our own leaflets and pamphlets.

These requests come from health officers, physicians, nurses, settlement workers, women's clubs, university professors, librarians, and many others.

Publicity Through Publication.—As Editor of the Department of Prevention of Blindness and Midwives of the "Modern Hospital," I have secured the publication of ten articles on prevention of blindness and midwives.

A long newspaper article, sent out through the Survey Press Service, appeared in a large number of papers throughout the country, while an article on babies' sore eyes appeared in the October 9th issue of the Survey, and one on wood alcohol in the March issue of the American Journal of Nursing.

News items, editorial comment, quotations from the Committee's reports appear frequently in the daily newspapers, nursing, medical and public health journals, while photographs and information have been supplied for articles and press notices to a number of magazine writers and newspaper reporters.

Photographs and Exhibits.—The Committee has loaned exhibits to individual workers and organizations in ten states, while exhibits and exhibit material have been sold to six important associations.

Lantern Slides.—The Committee has re-catalogued and added to its lantern slides, which now number nearly 350 titles, and prepared a complete inventory of its slides under the following headings:

Babies' Sore Eyes; Midwives; Trachoma; Industrial Acci-

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dents; Wood Alcohol; Illumination; Eyes of School Children; General Care of the Eyes; General Accidents.

Our lantern slides have been quite widely used.

Publications.—The New York State Committee for the Prevention of Blindness issued the following publication:

	COPIES
Sixth Annual Report of the Committee for the Prevention of Blindness, State of New York, January 1, 1915; also Summary of Six and One-Half Years' Work, June 5, 1908, to January 1, 1915.....	5,000

The National Committee has issued five new publications as follows:

No. 1. Common Causes of Blindness in Children and the Means and Methods of Prevention.....	12,258
No. 2. Take Care of Your Eyes; Your Eyes are Your Breadwinners	15,000
No. 3. Needlessly Blind for Life—Directions for the Prevention of Blindness from Babies' Sore Eyes....	20,000
No. 4. Photographic Exhibits on Babies' Sore Eyes, Wood Alcohol, Midwives.....	2,000
No. 5. What Women's Clubs and Nursing Organizations Can Do To Prevent Blindness	20,000
Also—Summary of State Laws and Rulings Relating to the Prevention of Blindness from Babies' Sore Eyes.	2,000

Total publications issued..... 76,258

Reprints of articles on prevention of blindness or midwifery have been secured as follows:

	COPIES
"The Midwife in Chicago," by Grace Abbott. American Journal of Sociology, March, 1915.....	500
"What Nurses Can Do To Prevent Blindness," by Dr. Ellice M. Alger. The Modern Hospital, August, 1915	100
"What Women's Clubs and Nursing Organizations Can Do To Prevent Blindness." The Modern Hospital, September, 1915.....	100
"For Organized Preventive Work," by Carolyn C. Van Blarcom. The Modern Hospital, October, 1915....	100
"Saving the Sight of Babies," by Carolyn C. Van Blarcom. The Survey, October 9, 1915.....	1,000
"Trachoma," by Gordon L. Berry. The Modern Hospital, November, 1915.....	1,000
Total reprints.....	2,800

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Publications have been distributed by the National Committee, as follows:

National and New York State publications throughout the country, outside of New York State	27,583
National and New York State publications in New York State	22,035
Total publications distributed	49,618

Large numbers of publications have been sold by the National Committee as follows:

To the New Jersey Commission for the Blind	1,000 copies of No. 1
To the Boston Dispensary, Boston	5,000 copies of No. 2
To the Arkansas State School for the Blind	10,000 copies of No. 3
To the Texas Congress of Mothers and Parent-Teacher Association.	1,000 copies of No. 3

Large numbers of the Committee's publications have been sent upon request, to

	COPIES
Various cities in Tennessee	650
Ohio State Commission for the Blind	100
Outlook for the Blind	2,200
Pittsburgh Baby Week	300
Interested individuals in Newport, Rhode Island	300
Greensboro, North Carolina	350
National Nursing Organizations, annual meeting, San Francisco, California	400
National Medical Association, annual meeting, Chicago, Illinois	1,947
Douglas County Fair, Wisconsin	200
State Fair, Wisconsin	2,000

Respectfully submitted,

CAROLYN C. VAN BLARCOM,

Secretary.

October 29, 1915.

REPORT OF THE FIELD SECRETARY

MR. EDWARD M. VAN CLEVE, Managing Director,
National Committee for the Prevention of Blindness.

Dear Sir: In January, 1915, shortly after the formation of this Committee, your field secretary undertook his new duties, bringing to the work small experience or technical knowledge in work for the prevention of blindness, but a fair understanding of the need, and a sincere desire to have a share in the work for which this Committee was organized.

Due to the national work which in previous years had received the attention of the New York State Committee for the Prevention of Blindness, it was found that a basis for further and more active co-operation had been obtained, and early in the year it appeared that the time was ripe for some field work in certain of the Southern states. Over a period of years there has been great interest in the prevention of blindness shown by a number of representative laymen and physicians in the States of North Carolina, Kentucky and Tennessee, and with such information as was at hand regarding previous work it was easy to open the way for constructive service by this Committee. The replies to inquiries and suggestions have been, in all cases, most cordial, and have indicated a sincere desire to carry on a permanent campaign, securing such legislation as might be deemed advisable, and bringing about the enforcement of this legislation as rapidly and thoroughly as possible, through education of the general public to the need and through securing the interest and co-operation of those in whose hands lay the enforcement of the statutes or regulations.

At the suggestion of the Managing Director, the research work and compilation of available material on causes of blindness was divided between the Secretary and the Field Secretary of the Committee, so that special concentration of your Field Secretary

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along these lines has been on the subjects of trachoma, industrial accidents, and illumination. To this service a large part of my time has been devoted. Inasmuch as trachoma has been found prevalent to a large degree in the state of Kentucky, I was able, by a personal visit, to secure a first-hand knowledge of the ravages of that disease, and the methods adopted by the United States Public Health Service, the health authorities of the State of Kentucky, and leading oculists in the infected areas, for the eradication and prevention of this dangerous eye-disease.

FIELD WORK

An invitation to come to Kentucky for a brief campaign in the interests of our movement was accepted and with the Kentucky visit was combined a trip into Tennessee.

Resumé of the Kentucky and Tennessee Trip

Time consumed, April 4th to May 17th	
Cities and towns visited	22
Addressed public meetings to the number of	19
Approximate total attendance	4,535
Literature distributed (copies)	1,250
Conferences on State, county or local prevention of blindness	
work held with—	

83 physicians, 21 health officers,
12 clubs, 51 teachers or school officials, 18 workers for the blind

Kentucky.—To understand the possibilities for service in Kentucky, a brief outline of the situation as found last spring is desirable. At the last session of the legislature of that State, Miss Linda Neville, Secretary of the Kentucky Society for the Prevention of Blindness, secured the passage of a bill calling for the reporting of every case of ophthalmia neonatorum, on the part of physicians, midwives and nurses, and it was her desire to get the law known and enforced at the earliest possible time, and also to begin work at once on an educational campaign which would make possible the adoption of other legislation at the next session of the Legislature. Consequently there was a large opportunity for educational work open to your field secretary in bringing this new law to the attention of the general public, and also to those who are to enforce it. Talks given before many social organizations, and with health officials, have centered at—

tention on this bill, and secured wide-spread publicity for it through publications of special organizations, as well as in the press at large.

The need for continued and stronger co-operation by the state in dealing with the trachoma problem was likewise stressed. At present the Federal Government bears the expense of operating the three trachoma hospitals in the mountains of Eastern Kentucky, but as these hospitals are not intended to be permanently kept up by the Government, it was most desirable that the necessity of financial co-operation by the state be understood, in order to assure the completion of the public health work so admirably initiated by the Public Health Service.

On all possible occasions public attention was concentrated on the dangers from the trachoma situation, the need for the enforcement of the new law on ophthalmia neonatorum, and the preventive possibilities in the passage of further legislation dealing with the annual medical inspection of school children. Resolutions endorsing these measures have been secured from a great many important social organizations, educational conferences, etc.

The net result of the educational work in Kentucky to date, in which the National Committee has had a part, has been the inclusion of a plank in the platforms of the Democratic, Republican and Progressive parties, calling for State support of the work being done by the U. S. Public Health Service in the control of trachoma, and the preparation of a bill to be presented by Miss Neville to the next Legislature, calling for the medical inspection of the eyes of school children.

Through the courtesy of Surgeon John McMullen, U. S. Public Health Service, I was given the opportunity to inspect the anti-trachoma work being done at the Government trachoma hospitals at Jackson, Ky., and Hindman, Ky., centers of highly infected areas. With the surgeons in charge of these hospitals, trips were also made into the mountains by horseback and mules, and in this way it was easily possible to understand the reasons for the spread of this disease in Kentucky and the problems which have confronted the authorities in their effort to control and eradicate the disease. A number of schools were visited, and familiarity

gained as to the methods employed to ascertain the prevalence of trachoma among school children, not only in the cities, but also in the rural communities, and the methods instituted to cope with the situations as found.

Tennessee.—On April 3, 1915, the Governor of Tennessee signed a bill for the prevention of blindness from ophthalmia neonatorum, which had been prepared and fostered by Mrs. John P. Frank, of Nashville, a blind woman, who has interested herself to a remarkable extent in the prevention of blindness in her state. Securing the co-operation of leading health officials and social organizations, she was able to get this bill passed by the Tennessee Legislature at its last session. In practically all of the important cities and towns of that state, your field secretary had the opportunity of centering public attention on the bill, immediately after it had been made law. Many county and local health officials were seen, and arrangements made with them for future discussions of the measure at meetings of these health organizations. In a number of cases papers on ophthalmia neonatorum were scheduled for the next current meeting of certain county medical societies, at which time discussion of the new bill would make its provisions familiar to all.

In Tennessee, as in Kentucky, the next legislative action contemplated by those interested in this work is to be for medical inspection of school children. During the month spent in that state, definite plans were made by a number of parent-teachers' organizations to establish such examinations in their own localities, not waiting until state legislation makes it obligatory. In one town a school nurse is to be employed this fall, whose salary will be paid by the members of a woman's club, until the city council will appropriate the money necessary for her support.

Realizing the need for greater effort than can be given by any single individual, Mrs. Frank has evolved a plan calling for the appointment of a committee by the Governor of the State, to be made up of representative citizens from various points in the State, who may consider the problems, the needs, and the best ways to undertake preventive work.

We have kept closely in touch with the work both of Miss Neville in Kentucky, and Mrs. Frank in Tennessee, during

the past summer, through correspondence. The fact that a national organization is sufficiently interested in work done in far-away states to send a representative to aid in the local work is a stimulus which can scarcely be overestimated. Such co-operation always produces greater publicity for the local work, and strengthens the efforts of the local secretary before the general public.

North Carolina.—During recent years, in the state of North Carolina, a number of physicians and laymen have indicated an active interest in prevention of blindness, and have been in more or less frequent communication with the New York State Committee for the Prevention of Blindness. It was possible, therefore, to gather together the loose ends of the correspondence and suggest a co-ordination of effort on the part of those who individually represented several parts of the state. Dr. L. B. McBrayer, President of the State Medical Society, was one of those who has realized the possibilities for preventive work in North Carolina, and I met him at the Conference of Southern Mountain Workers, held in Knoxville, Tenn., last April. A short time thereafter an invitation to address the annual meeting of the North Carolina State Medical Society was extended and it was accepted. As a result, a recommendation was made by the President of the Society that there should be appointed a committee on Conservation of Vision. This recommendation received the sanction of the House of Delegates and was duly voted on and passed by the Society, the committee consisting in membership of three prominent physicians, the Secretary of the State Board of Health and the Superintendent of the North Carolina State School for the Blind. These gentlemen have been familiar with the needs, and will, through a brief survey of the State, and through a popular educational campaign, be able shortly to outline a definite program of work, to be prosecuted by a paid secretary under the direction of the committee mentioned above, working, by suggestion of the State Medical Society, in co-operation with the Board of Directors of the State School for the Blind. Such co-operation of preventive with educational work has been attempted, with success, we hear, in Minnesota and in Indiana.

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There is no more ardent worker for prevention of blindness than Mr. John E. Ray, Superintendent for the past thirty years of the North Carolina State School for the Blind, during those years devoting a large amount of time to spreading the gospel of prevention through the public press and through lectures in various communities. It was due largely to Mr. Ray's activities that the last session of the General Assembly of North Carolina passed a bill for the prevention of blindness in infants.

National Medical Association.—So much of the field work of this first year having been done in the South, it was natural that we should come in touch to a certain extent with the needs of the colored race. A number of colored oculists were met, and a number of lectures given in the churches of the colored people, these gatherings unfailingly meeting with enthusiastic support, and being considered well worth while, from the educational standpoint, if for no other reason. Early in the summer, primarily at the suggestion of Dr. Booker T. Washington, we were put in communication with the President and the Secretary of the National Medical Association, the national body of colored physicians, dentists and pharmacists. At our suggestion the subject of Conservation of Vision was included on the program of the annual meeting of the organization, scheduled to be held in Chicago August 23d-25th. An invitation was given to your field secretary to attend these meetings, and to address the evening session of August 25th. About two hundred and fifty of the physicians were in attendance and possibly five hundred colored laymen from Chicago, and all parts of the South. The program included addresses by several of the oculists present and an illustrated lecture by your field secretary. At the close of the program a resolution was adopted by the members of the National Medical Association, recommending the use of a prophylactic in the eyes of the new-born, urging their state, county and local medical societies which might be represented at this annual meeting, to give the subject of Conservation of Vision generous consideration this winter, and endorsing the work of the National Committee for the Prevention of Blindness. The results of this meeting will undoubtedly be felt as we proceed with the work in other Southern States.

Michigan.—En route to Chicago, I spent a day in Grand Rapids, Michigan, in conference with the officers of the Michigan Association for the Blind. A number of others interested in our work were met, and as a result we were called upon to furnish a set of sixty slides, and reproductions of the exhibits on babies' sore eyes, midwives and wood alcohol for demonstration at the Western Michigan State Fair, where thousands from surrounding counties were able to see in picture and text the lessons which we are continually striving to drive home. It is interesting to note that health problems are receiving increasing attention each year on the part of Fair officials. Many state and county fair associations now have their Committee on Health, Hygiene and Public Instruction, directed by the leading physicians of the community represented, and in this way hundreds of thousands of people from the rural communities are given the opportunity of learning the means of prevention of disease.

At the time of writing this report we are in communication with the Michigan Association, the officers of which indicated a strong desire to accomplish, during the coming winter, some educational work throughout their state, and it is probable that we shall be called upon to assist in the carrying out of the proposed campaign, either through the services of your field secretary, or through the loan of lectures, lantern slides, exhibits, etc.

Wisconsin.—It was possible likewise to spend some time in Milwaukee, meeting the members of the Wisconsin Association for the Blind. Through the efforts of Miss Carrie B. Levy, Secretary of the Association, and a number of prominent oculists in Milwaukee, a large amount of educational work is being done constantly throughout the State.

New Jersey.—New Jersey is one of the few states in which there is a state commission for the blind, and while the appropriation there is not large, it is productive of much good. Unfortunately, however, there is no provision in the act which established the commission whereby that body is authorized to do any preventive work, or is permitted to spend any part of the annual appropriation in preventive effort. Appeals have been made to the legislature of New Jersey, hitherto, for a moderate addition to the appropriation, which might be used in preventive work

FIRST ANNUAL REPORT OF THE NATIONAL COMMITTEE

exclusively, but owing to the fact that statistics had not been secured and consequently the exact need could not be presented, nothing has been granted to date.

Undoubtedly there is good opportunity for the wise expenditure of such funds in New Jersey, and your field secretary, after consultation with members of the New Jersey State Commission, was invited to co-operate with the Commission in a movement to again bring the matter to the attention of the state's legislative bodies, and by a more thorough presentation of the need, secure, if possible, a \$2500.00 addition to the present appropriation, and an amendment to the Act which established the Commission, whereby they would be legally permitted to carry forward preventive work.

RESEARCH

During the summer months in New York, at the request of the Managing Director, a compilation was made of all available material on the following subjects: Trachoma, Industrial Accidents and Eye Strain resulting from Improper Illumination. Lectures on these three subjects are being prepared, lantern slides to the number of not less than seventy-five for each subject have been secured, and exhibits are in process of preparation at the time of writing this report. These lectures have been made inclusive of so much of the material on the subject as might be of interest to the general public. It is hoped that these lectures will fill a need expressed from time to time on the part of physicians, social workers, and others interested in educational work for prevention of blindness, but who have neither the time nor the facilities for making an exhaustive study of the phases of this work. These lectures are about seven thousand words each in length, and are very completely illustrated with slides gathered from various sources. The Public Health Service of the United States, the Indian Service, and various other social or business organizations have been most generous in the loan or donation of photographs or slides, and in their constructive criticism and comment on the text of the lectures themselves.

CORRESPONDENCE

It has been increasingly satisfactory to note that the requests for information and assistance along various lines were coming to our office in greater number as the months have passed, indicating that the public generally is becoming more cognizant of the possibilities for service which this Committee offers. We have been able to send material for lectures or suggestions for local problems to many sections of this country and Canada, also in one instance to South America. As an indication of the special opportunities which we have had, I would cite requests from Arizona for advice relative to the control of a trachoma outbreak among the children of the miners; lecture material requested by the Superintendent of the State School for the Blind, of North Dakota; complete information requested relative to possibilities of co-operation with the Extension Department of the University of Texas in the State-wide social service which they give; co-operation with the Texas School for the Blind in the preparation of an exhibit for the Texas Cotton Palace at Waco; request for information on blindness from ophthalmia neonatorum, statistics, etc., from the University of North Carolina; a request from the committee on prevention of blindness appointed by the Argentine Government for "all useful works on this subject and suggestions that might be of service in aiding them to plan their work"; a request for information regarding possibilities of service from a Civic League in Florida, desirous of taking up work for prevention of blindness; a request from Birmingham, Alabama, similar to that from Florida, etc.

These are but a few chosen from scores which have come to us, but they will indicate the way in which we come in touch with possibilities for field work throughout the country.

Respectfully submitted,

GORDON L. BERRY,

Field Secretary.

November 1, 1915.

MANAGING DIRECTOR'S STATEMENT

COVERING TRANSACTIONS FROM JANUARY 1, 1915, TO
SEPTEMBER 30, 1915

RECEIPTS, AS REPORTED TO THE TREASURER

January.....	\$5,000.00		
February.....	26.00		
March.....	81.30		
April.....	2,018.89		
May.....	1,260.65		
June.....	39.00		
July.....	1,250.00		
August.....	1,341.63		
September.....	1,348.95	\$12,366.42	
Interest on Treasurer's account in bank.....		17.76	
Receipts credited in Treasurer's report, October 8.....		15.74	\$12,399.92

EXPENDITURES

Salaries and Wages.....	\$6,426.78		
Traveling Expenses.....	995.64		
Publicity.....	1,517.23		
Office Expenses.....	1,405.44		
Office Equipment.....	336.72		
Miscellaneous.....	25.00	\$10,706.81	
Balance in Managing Director's hands, September 30, 1915.....		858.19	
Balance in Treasurer's hands, as shown on Managing Director's books.....		801.42	
Interest on his account in bank.....		17.76	
Items included in Treasurer's report, October 8, \$4.00, \$11.74.....		15.74	\$12,399.92

EDWARD M. VAN CLEVE,
Managing Director.

NOTE.—A difference of \$2.45 in the totals as compared with the totals given in the Treasurer's Statement is accounted for by the payment to the Treasurer of that sum without its passing through the hands of the Managing Director.

TREASURER'S STATEMENT

COVERING TRANSACTIONS FROM JANUARY 1, 1915, TO
SEPTEMBER 30, 1915

(Treasurer's account closed October 8, 1915)

1915		RECEIPTS	
Jan.	9.	Received from Rockefeller Foundation...	\$5,000.00
Feb.	15.	Sale of literature.....	1.00
April	7.	Sale of literature.....	6.30
April	7.	Donations.....	75.00
April	7.	From Sage Foundation.....	1,250.00
April	7.	Balance of New York Committee transferred to National Committee.....	740.21
April	9.	Sale of photos.....	.85
April	9.	Interest on Managing Director's balances	5.97
April	9.	Donation.....	25.00
May	4.	Memberships.....	19.00
May	4.	Sales of literature.....	.76
May	4.	Sales of lantern slides.....	1.50
May	4.	Telephone refund.....	.60
May	13.	Sales of photos, etc.....	4.40
June	2.	Received from Sage Foundation.....	1,250.00
June	2.	Sale of literature—memberships.....	6.00
June	2.	Telephone refund.....	.25
June	18.	Sales of literature, etc.....	39.00
June	30.	Interest on account to date.....	17.76
July	3.	Received from Sage Foundation.....	1,250.00
Aug.	12.	Received from Sage Foundation.....	1,250.00
Aug.	27.	Sales of literature, etc.....	86.63
Sept.	3.	Received from Sage Foundation.....	1,250.00
Sept.	3.	Sales of literature.....	48.45
Oct.	8.	Sales of lantern slides.....	18.95
Oct.	8.	Sale of Exhibit to California Soc., P.O.B..	35.00
Oct.	8.	Memberships.....	8.00
Oct.	8.	Interest on Managing Director's bank balance, from April 1 to Oct. 1.....	11.74
		Total Receipts.....	<u>\$12,402.37</u>
1915		EXPENDITURES	
Jan.	15.	Paid to Managing Director.....	\$ 900.00
Jan.	15.	Paid to Managing Director.....	1,375.00
Feb.	19.	Paid to Managing Director.....	1,165.00
Mar.	31.	Paid to Managing Director.....	1,050.00
May	4.	Paid to Managing Director.....	1,975.00
June	2.	Paid to Managing Director.....	1,300.00
July	7.	Paid to Managing Director.....	1,400.00
Aug.	16.	Paid to Managing Director.....	1,200.00
Sept.	3.	Paid to Managing Director.....	1,200.00
		Total Expenditures.....	<u>\$11,565.00</u>
		Total Receipts.....	<u>\$12,402.37</u>
		Expenditures.....	\$11,565.00
		Balance.....	<u>837.37</u> <u>\$12,402.37</u>

GEORGE BLAGDEN, *Treasurer.*

APPENDIX

The main provisions of the laws and rulings in relation to the control of ophthalmia neonatorum in the States of Idaho, Illinois, Ohio, Oregon, North Carolina, Tennessee, and California are as follows:

Idaho. State Department of Health has ruled that physician, midwife, nurse or other person in attendance shall within two hours after the birth of a child use one of three prescribed prophylactics.

Illinois. Physicians and midwives required to advise use of prophylactic. Physician, midwife, nurse, institution, parent, relative, or other attendant required to report, within six hours, inflammation, swelling or redness in either or both eyes of an infant under two weeks of age, to local health officer. Local health officer to report cases to State Department of Health. State Department of Health to enforce the law, distribute prophylactic outfits gratuitously, disseminate information concerning the dangers of babies' sore eyes, supply copies of the law to physicians and midwives, keep a record of all cases of sore eyes reported, report violations to the prosecuting attorney. Penalty, \$10-\$100.

Ohio. Institutions and midwives required to use prophylactic. Physician, midwife, nurse, institution, parent, relative, or other attendant required to report, within six hours, inflammation, swelling or redness in either or both eyes of an infant under two weeks of age, to local health officer. Local health officer to follow up all reported cases and report them to the State Department of Health. State Department of Health to enforce the law, to promulgate rules, distribute prophylactic outfits gratuitously, provide treatment if necessary, disseminate information concerning the dangers of babies' sore eyes, supply copies of the law to physicians and midwives, keep a record of all cases of sore eyes reported, report violations to State Board of Medical Registration and to local police or county prosecutor. Appropriation of \$5,000 to carry out the provisions of the act. Penalty, \$50-\$300.

Oregon. Midwife, nurse or other attendant to report reddened, inflamed, swollen eyes of infant under two weeks of age

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within 24 hours to local health officer or physician. Health officer to notify parents of danger of neglect, and give them directions for proper treatment; also to furnish copy of law to midwives and nurses. Penalty, \$25-\$100, or imprisonment for not more than 30 days, or both.

North Carolina. Physicians required to use (one per cent. silver nitrate) prophylactic. Midwife, nurse or other attendant to report inflamed reddened eyes of infant under two weeks of age within six hours to health officer or physician. Health officer to distribute copies of act to nurses and midwives. Penalty, \$5-\$10. Birth certificates to contain questions, "Did you administer the prophylactic in the newly born babe's eyes? If not, why not?"

Tennessee. State Board of Health to name and approve prophylactic for ophthalmia neonatorum and publish instructions concerning the same. Physician, nurse, midwife to use approved prophylactic, within one hour after birth. Nurse, midwife or other attendant to report red, swollen, inflamed eyes of infant under two weeks of age within six hours, to local health officer or physician. Penalty, \$5-\$100, or imprisonment for not more than six months, or both.

California. Maternity homes, hospitals and similar institutions required to keep record of all cases of ophthalmia neonatorum occurring or discovered therein. Physician, midwife, nurse, institution, parent, etc., required to report, within 24 hours, inflamed, swollen, reddened eyes of infant under two weeks of age to health officer. Local health officer to investigate all cases, and report them to the State Department of Health; also to conform to the rules of the State Department of Health. State Department of Health to enforce the law, to promulgate rules and regulations, provide for the gratuitous distribution of a prophylactic, with directions for use; disseminate advice and information concerning the dangers of babies' sore eyes, distribute copies of the law to physicians and midwives, keep a record of all cases of ophthalmia neonatorum, report violations to the District Attorney. Penalty, \$50-\$200; revocation of license after third offense. No appropriation.

SEVENTH ANNUAL REPORT
OF THE
NEW YORK STATE COMMITTEE FOR THE
PREVENTION OF BLINDNESS

JANUARY 1, 1915, TO NOVEMBER 1, 1915

As a Standing Committee for the State of New York of the National Committee for the Prevention of Blindness, the Committee has worked for the prevention of blindness and conservation of vision along the lines which are suggested in its forecast of January 1, 1915, namely: "To continue the study of the occurrence and results of ophthalmia neonatorum; to assist in securing the enforcement of the law requiring this disease to be reported early; to secure provisions whereby reported cases may be adequately and promptly treated; to extend educational work as to the methods of prevention and cure of this disease; to support or initiate legislation which shall provide for the standardization of midwife training by the State Department of Education; and to continue its study of unnecessary blindness and visual impairment resulting from trachoma and other infections, wood alcohol poisoning, industrial accidents, and inadequate lighting; and to take such measures as lie in its power to aid in eliminating such causes."

BABIES' SORE EYES

The Committee has knowledge of 3 babies in New York City and State who have lost their sight during the past year as a result of babies' sore eyes, and of another who is partially blind from the same cause. A study of these cases (see Appendix I, p. 50, for notes) discloses the facts that in one instance the baby will pay the penalty of lifelong blindness for a doctor's indifference; another was the result of the midwife's attempts to treat the sore eyes herself—although the mother's neglect must

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also be taken into account; while in the third the midwife's delay in reporting the case has cost the baby all but partial sight. As these sightless babies have been discovered largely through chance, it is feared that they do not represent all of the cases of blindness which have needlessly occurred in this State.

It is safe to assume that none of these babies would be blind today if all the persons involved, *i. e.*, doctors, midwives, and mothers, had done all that lay in their power to save their sight. In other words, there are still imperfections in the machinery which is necessary to meet the needs of the individual baby suffering with sore eyes.

In an endeavor to improve this condition the New York State Department of Health, as well as the Health Departments of the cities of New York, Buffalo and Rochester, are repeatedly sending reminders, pleas, and warnings, through the channel of their official bulletins (sent to health officers and physicians), concerning the importance of reporting babies' sore eyes and of providing early and adequate treatment for infected infants.

NEW YORK CITY

The New York City Board of Health has amended its Sanitary Code in such a manner as to require that all cases of "suppurative conjunctivitis" be reported, instead of gonorrhœal ophthalmia only. It is believed that this amendment will bring to official attention many more cases of babies' sore eyes than did the old requirement. Repeated notices of this change in the Sanitary Code have been published in the Department's Health Bulletin, and physicians have thus been warned that violations of the Code would be prosecuted by the Department.

Since January 1st the Department has reprimanded nine midwives and one physician for failure to observe this mandate.

In its effort to convince those concerned of the importance of bringing to official attention all infants suffering from infected eyes, the Committee for the Prevention of Blindness has sent out a large number of requests to ophthalmologists, obstetricians, hospitals, philanthropic and relief agencies, nursing organizations, churches, mothers' clubs, etc., asking them to assist in this work by reporting to the New York City Department of Health every case of babies' sore eyes of which they had knowledge.

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The efficacy of these combined efforts of official and unofficial bodies is attested to by the number of cases—254—reported from the five boroughs of New York City between January 1 and October 15, 1915. This is a marked increase over the number of reported cases on record at the Department of Health for any entire previous year.

This reporting is encouraged solely to make it possible for the Department of Health to see that both prompt and adequate medical attention is provided for uncared-for cases, the mere filing of a large number of reports being, of course, of no value unless action immediately follows upon the receipt of each report.

In at least one of the cases previously referred to sight would almost certainly have been saved had the physician in attendance reported the case to the Department of Health, while in the other two the damage seems to have been done before the cases were reported, *i. e.*, they were brought to official attention too late.

In considering the provisions which are necessary for the adequate control of ophthalmia neonatorum, we must note the importance of existing hospital facilities, not alone for the care of the infant, but for the admission of the mother, in order that maternal nursing may be continued.

For the purpose of ascertaining how general are these provisions in New York City, the Committee has inquired of ten of the principal hospitals where eyes are treated, whether or not they made a practice of admitting to the hospital the mothers of babies suffering from sore eyes. It was found that nursing mothers of infant ophthalmia cases are admitted to the Manhattan Eye Ear and Throat Hospital, the Herman Knapp Memorial Eye Hospital, the S. R. Smith Infirmary of Staten Island, the Bronx Eye and Ear Infirmary, and the New York Eye and Ear Infirmary.

When compiling information upon ophthalmia neonatorum cases under present conditions, it was found in some of the hospitals that the records of gonorrhœal ophthalmia cases were kept separately, and accordingly were easily looked up, but that other forms of babies' sore eyes were buried in the general hospital records, and information concerning them could be obtained only with great difficulty, if at all.

Accordingly, the ten hospitals written to were also asked if

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they would be willing to adopt a form of record for their infant ophthalmia cases which would make it possible, at the end of each year, to ascertain just how many infants suffering from all kinds of suppurative conjunctivitis had been admitted to the hospital; the infecting organism in each instance; whether the child had been delivered by a physician or a midwife; at what stage of the disease the child was admitted; whether breast- or bottle-fed; length of time in the hospital; kind of treatment given; and the condition upon discharge.

It was learned that such records are kept at the S. R. Smith Infirmary, the Manhattan Eye Ear and Throat Hospital, while a willingness to coöperate with the Committee in the suggested form of record keeping was expressed by the authorities of the New York Eye and Ear Infirmary and the Children's Hospital on Randall's Island.

BUFFALO

The Bureau of Child Hygiene of the Buffalo Department of Health is developing a system of control of babies' sore eyes which it hopes will preclude the possibility of babies in that city going blind from neglect.

Each baby delivered by a Buffalo midwife is visited immediately upon receipt of the birth certificate by one of the Bureau's nurses, who makes a number of observations, among them being one upon the condition of the baby's eyes. If there is any redness, swelling or discharge, a report to this effect is telephoned to the Department of Health and a physician is sent at once. This telephone communication is supplemented by a written report. (See Appendix II, p. 51, for form.) The baby is either removed to a hospital or treated at home by an eye specialist, with the assistance of the special eye nurse employed for this work by the Bureau of Child Hygiene.

Not only this, but physicians in Buffalo have been reminded not alone through the Department's Bulletin, but also by a letter addressed to each from the Commissioner of Health, that:

1. Babies' Sore Eyes is a reportable disease.*
2. It is the intention of the Department of Health to prosecute

* See Appendix III, p. 52, for suggested form to be used by doctors in reporting babies' sore eyes.

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physicians and midwives alike who are found to be disregarding this legal requirement.

3. As the sole purpose of the Department in taking this attitude is to safeguard the eyes of babies, physicians will be given as much assistance as they wish or will accept, and therefore

a. Nursing service and bacteriological examinations are offered free of charge to those physicians who request this form of assistance, or

b. Hospital care will be provided for those infants who need more attention than can be given at home.

It would seem that a careful adherence to the routine described above would bring to official attention at once practically all cases of sore eyes, thereby making it possible to provide the necessary treatment before it is too late. In other words, all emergencies are anticipated and provided for through this system.

STATE DEPARTMENT OF HEALTH

The New York State Department of Health, in its aggressive effort to save the sight of babies, is distributing a steadily increasing number of prophylactic outfits to physicians and midwives throughout the State; is including on its birth certificate the substance of the law requiring that babies' sore eyes be reported to local health officers, to serve as a constant reminder, and has recently published a revised circular for both physicians and laymen giving instructions for the prevention of blindness in infants.

MEDICAL SOCIETIES

Being convinced that the use of a prophylactic and the administration of early remedial treatment of babies' sore eyes can be made more general through wide-spread education, the Committee has redoubled its efforts to spread broadcast throughout New York State, in both medical and lay circles, knowledge of the fact that babies are still going blind from neglect, and to urge more vigorous action in their behalf.

In this endeavor the Committee is being assisted by county and local medical societies and academies of medicine in various parts of the State. This branch of the work is being carried on in co-

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operation with the Committee on Conservation of Vision of the American Medical Association, which has delegated its educational work in New York State to the New York Committee. It is hoped that each medical society will include the prevention of blindness on the program of some one of its meetings during the year, and also that some of its members will volunteer their services to speak before lay audiences. In Rochester, for example, several ophthalmologists have agreed to assist in carrying on sustained educational work, by speaking before groups of school-children, factory workers, women's and mothers' clubs, the Y. M. C. A., nurses' associations, etc. Similar plans are under way in a number of both large and small towns throughout the State.

Moreover, the Medical Society of the State of New York, at its annual Meeting held in Buffalo, April 26-29, 1915, adopted resolutions endorsing the effort being made by the State Department of Health, the Committee on the Conservation of Vision of the American Medical Association and the New York Committee for the Prevention of Blindness, to extend educational work concerning the prevention of blindness in babies, and to secure a more general observation of the reporting law for the purpose of making early remedial treatment possible. The resolutions also request the State Department of Health to include suppurative conjunctivitis among reportable diseases in New York State. (See Appendix IV, p. 52, for resolutions.)

NURSES AND WOMEN'S CLUBS

A circular containing suggestions for organized prevention of blindness work has been sent to a number of nursing organizations and women's clubs throughout the State, with the request that they help in arousing public opinion strong enough to sustain local health officers in their efforts to prosecute doctors and midwives who fail to report babies' sore eyes. Already a number of clubs have appointed representatives to assist in this work.

At a round-table discussion on prevention of blindness during the Annual Meeting of the New York State Nurses' Association, October 19-21, 1915, nurses engaged in public health work were urged to offer their services to the health officers in their communities for following up cases of babies' sore eyes, should special

eye nurses not be employed by the Department of Health for this purpose.

MIDWIVES

NEW YORK STATE DEPARTMENT OF HEALTH

Concerning the attempt to raise the status of midwife work in New York State, it is gratifying to report upon the work which has been inaugurated by the State Department of Health, in the planning of which this Committee has been permitted to assist. The inspection of midwives in New York State, excepting in New York City, Buffalo and Rochester, is one of the functions of the Division of Public Health Nursing, and is performed by a graduate nurse who was especially trained for this work.

The first aim of the Department has been to have all midwives in the State registered, in order that their existence and residence might be known to the inspector—this being the first step toward control. The purpose of the inspection is not simply to ascertain the contents of a midwife's bag and the condition of her home, but to secure information concerning the character of the service which the midwives give their patients. This necessitates visits by the inspector to the homes of the midwives' patients and also conferences with the midwives about practical details of their work.

The inspectors have found, as might be expected, three classes of midwives practising in New York State: the competent trained woman; the partly trained midwife who has been instructed by another midwife or a physician, and the wholly untrained woman, the latter being in the greatest demand because she was cheap and did not annoy her patients with cleanly precautions. All were practically without equipment, excepting some midwives who owned scissors and string.

One Italian midwife's equipment was found to consist of large pointed, rusty scissors, a spool of black silk for the ears when pierced, and a sacred dried plant from the old country, to the influence of which she attributed her many years of successful practice. Upon entering the room of her patient the midwife placed this plant in a bowl of water, and if it expanded satisfactorily she felt confident that all was going well. If, however,

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the plant failed to unfold in the usual manner, trouble was surely imminent and a physician was called. It was found that the possession of this plant made the midwife very desirable to her patients, and when under the new order of things, she was forbidden to practise, her patients at once offered prayers for her restoration to power.

In order to limit the work of midwives to attendance upon normal cases only, and the giving of nursing care and instruction, a set of carefully prepared rules and regulations is supplied by the State Department of Health to each practising midwife, and the inspector endeavors not only to enforce these rules, but to assist in their interpretation and in making them effective.

It is believed that as a result of the kind of inspection which has been inaugurated by the New York State Department of Health, midwives in this State will give better care to their patients than in the past, thus exerting a very real influence in the reduction of infant and maternal mortality and morbidity.

BUFFALO

The Committee has also had the privilege of conferring with the Buffalo Department of Health in regard to formulating and introducing a system of midwife control which looks to the betterment of the large number of mothers and babies attended by these women in Buffalo.

One of the nurses in the Division of Child Hygiene of the Buffalo Department of Health is delegated to the supervision and inspection of midwives in that city, and combines with her inspection the greatest possible amount of help and instruction concerning the practical details of midwife work. Her energies are largely directed toward keeping herself informed of the condition of the midwives' patients, and she is planning to assemble the midwives under her direction at regular intervals for lectures and conferences.

There is little doubt that the elimination of the utterly unfit midwives in Buffalo, and throughout the rest of the State, will be intelligently and satisfactorily effected by means of this kind of control.

Important as is the intelligent supervision of midwives in their practice, still more important is their careful and practical train-

ing before undertaking this work. That prospective midwives will avail themselves of the opportunities for training when such training is available, is exemplified in the short history of the little school for midwives at Bellevue Hospital, one result of the work of the Committee for the Prevention of Blindness. The school opened in the spring of 1911, with a capacity for eight pupils, and from that time until January 1, 1912, there occurred 54 births in the hospital and 6 in the out-patient service. The present capacity of the school is 42 pupils, and during the year 1914 there were 307 births in the school and 630 were attended in the tenements by the pupils in their out-patient work, all of which, of course, is under close supervision.

EYES OF SCHOOL-CHILDREN

Many normal children seem backward because they have sore eyes or defective vision. Failure to correct these defects will probably mean continued retardation for many of the children and inability to reach their highest possible mental and physical development and economic efficiency. Continued neglect may result in partial or total blindness. Accordingly, the early recognition and correction of visual defects among children is of considerable importance. In some instances the protection of the child would be strengthened were the school-teachers, who spend so many hours daily with the children, able to recognize the manifestations of visual defects, and to secure for them careful examination and correction.

Much credit is due the New York State Medical Inspector of Schools for having arranged a series of public health lectures to the students in each of the State normal schools, one of the subjects included in the course being the conservation of vision. The Committee for the Prevention of Blindness is to assist in giving these lectures, the purpose of which will be to enable each school-teacher to become an important factor in the effort to conserve vision among school-children. These prospective teachers will be instructed concerning the symptoms of visual disorders which they may detect; will be taught to use a Snellen chart; will be impressed with the importance of having school-rooms adequately lighted, blackboards and tops of desks lustre-

less, of having adjustable desks, the elimination of the common towel, and of securing the coöperation of the parents in encouraging children to keep up treatment prescribed for infections and of wearing glasses suited to their eyes.

NEW YORK CITY

While the work being done by the New York City Board of Education to safeguard the eyesight of school-children is in an experimental stage, it has been planned with such care and wisdom that its value is already apparent. In the talks on personal hygiene which the teachers give to their pupils, the care of the eyes is one of the subjects included. Moreover, instruction of the teachers in the elementary schools in the use of a Snellen chart in testing children's eyesight, was started September 1, 1915, as an experiment in Public Schools Nos. 72, 83, 101, and 172, Manhattan.

Of perhaps even more immediate benefit to some of the pupils is a class for children with defective vision which has been organized in Public School No. 69, 125 West 54th Street, Manhattan. In this class the children proceed with the regular grade work, taking the oral work with the grade teacher and the written lessons under the direction of a special teacher. Books printed in large type, blackboards, charts, and large handwriting are utilized to relieve eyestrain, and much oral instruction is given by the special teacher. These children are not allowed to study from textbooks of ordinary type. The carfare of such children, as well as that of guides in cases where it seems inadvisable for the child to travel alone, is paid by the Board of Education.

TRACHOMA

During the past summer 103 children, who had been treated at the trachoma clinics of the New York City public schools, were sent to an outdoor camp at Otisville, in order that they might receive the combined benefits of improved hygienic surroundings and medical treatment, the value of this as a supplement to local treatment for trachoma having been previously demonstrated with smaller groups of New York City school-children. A fund of \$3000, which made this work possible, was raised by the New

York *Globe* through an appeal to its readers. The Bureau of Fresh Air of the Association for Improving the Condition of the Poor gave material assistance and otherwise aided in organizing and conducting the work of the camp.

This larger work has developed from a small experiment made during 1911 by physicians in the Division of Laboratories of the New York City Department of Health, the Association for Improving the Condition of the Poor, and the New York State Committee for the Prevention of Blindness. The valuable work done by the physicians—both curative and research—was assisted by the Committee through the provision of record cards and history sheets; the preparation of an illustrated leaflet, written in four languages, describing the dangers of trachoma and methods of prevention, and a photographic exhibit. Carfare was provided by the Committee for those children living at such a distance that they could not otherwise have come to the school clinic for treatment.

At the close of the school year the Association for Improving the Condition of the Poor sent 24 of the children who were under treatment at the clinic into the country for one month. The results of supplementing local treatment with such a change in hygienic conditions proved to be so beneficial that, early in the summer of 1912, Dr. Anna von Sholly, one of the physicians at the trachoma clinic, invoked the aid of the New York *Globe* in raising a fund to provide a summer outing for other trachomatous children. By making an appeal to its readers this paper raised a fund of \$700, which made it possible to send 12 children into the country.

The wisdom of this early experimental work has been so clearly demonstrated that it is more than probable that in the future these summer outings will be regarded as a necessary adjunct to local treatment for trachoma.

CARE OF THE EYES IN THE INDUSTRIES

While there is wide-spread acceptance of the theory that general health and economic efficiency may be appreciably impaired by defective vision, this Committee has been unable to make any study of this question until the present year.

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Upon invitation of the President of the Dudley E. Sicher Company, manufacturers of muslin underwear for women, the Committee has been engaged since April of this year in making a study of the eyes, general health and economic efficiency of the employees, and the lighting conditions in the factory. The survey as a whole was planned by Dr. Ellice M. Alger and the Secretary of the Committee, assistance in its prosecution being given by Mrs. Claribel G. Hill, welfare nurse of the Sicher Factory, Dr. C. E. Walsh, ophthalmologist, and Mr. Clarence L. Law, of the Edison Company. (See Appendix V, p. 54, for forms used.)

In the examination of the employees something more than one hundred girls were studied—first, for any defects of vision or infectious diseases of the eye, and subsequently, from the standpoint of their general health and earning capacity. Notes were made upon their weight, symptoms of nervousness, indigestion, character and location of headaches, etc., while under the heading of efficiency were recorded, for each of the six months preceding the examination, hours of labor, hours lost, cause of lost time, earning capacity and quality of work.

Glasses were fitted in all cases in which their need was indicated by ophthalmological examination, and the girls carefully instructed as to whether they were to be worn constantly or only while at work. It was possible to secure the glasses at wholesale rates, the bill for the whole being sent to Mr. Sicher, who will, in turn, be reimbursed by the girls at the rate of 10 or 15 cents per week until their glasses are paid for.

The lighting survey is being conducted under the direction of Mr. Law, whose representatives are making observations upon the intensity, color and distribution of the light throughout two floors of the factory, which are obviously in need of improved illumination, and are installing a system of illumination which will provide an adequate amount of evenly distributed light.

Some time after the conclusion of this study, a second series of observations will be made, for the purpose of ascertaining what, if any, has been the effect of the correction of visual disorders and of the establishment of ideal lighting conditions upon the girls' general health, their earning capacity and quality of work.

EYESTRAIN AMONG LETTER CARRIERS

An interesting question concerning a possible cause of eyestrain has been raised by the New York Letter Carriers Association, which appealed to the Committee for an opinion concerning the possible deleterious effects upon the eyes of letter carriers, of the so-called window-envelopes, so widely used by large business houses at present.

The letter-carriers complain that these envelopes induce eyestrain partly because of their lack of transparency, and partly because of the glare reflected from the glossy surface of the material incorporated in the envelope through which the address must be read.

The contention of the letter carriers is that if this form of envelope is to be used by firms sending out large numbers of bills, circulars, etc., the cause of eyestrain might be removed if the address on the contents of the envelope were exposed through an opening cut into this envelope, instead of through the highly glazed and partly opaque insert which is now used.

WOOD ALCOHOL

That drastic measures have been necessary to control the sale and use of wood alcohol in New York City is evidenced by the large number of prosecutions which have been instituted during the past year by the Department of Health against druggists, liquor dealers, and barbers who were unlawfully using this poison.

The Department of Health has already instituted 55 suits, the results being as follows:

Number of fines (aggregating \$790)	29
Dismissed	2
Sentence suspended	2
Jail sentence	4
Pending	11

The succeeding report received from Commissioner Goldwater, of the New York City Department of Health, upon this important activity of his Department, gives an impression of the

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vigor and thoroughness with which he has enforced the provisions of the Sanitary Code * relating to the sale, labeling and use of wood alcohol:

"Attached hereto is a tabulation showing what has been done by this Bureau during the period from January 1, 1915, up to October 1, 1915, to check the use of wood alcohol for medicinal and toilet purposes and to enforce the proper labeling of methyl alcohol.

"In addition to the work shown on the tabulation, about 100 hearings have been held with a view of instructing pharmacists and dealers in painters' supplies to properly label. It was found, however, that the work done in this direction did not cover the entire city, and, therefore, during the week of September 27, 1915, a canvass was made of all drug stores, paint shops, wholesale liquor dealers, department stores, wholesale drug houses and wholesale paint supply houses, in order to find out just how the section was being lived up to. The result is as follows:

A. Requirements complied with.

B. Denatured alcohol not labeled according to Federal requirements.

C. Wood alcohol or Columbian Spirits not properly labeled in accordance with Section 124 of the Sanitary Code.

* The following amendment to the New York City Sanitary Code was adopted by the Department of Health July 28, 1914, to take effect September 1, 1914:

Section 64A. No person shall sell, offer for sale, deal in or supply any article of food or drink or any medicinal or toilet preparation, intended for human use internally or externally, which contains any wood naphtha, otherwise known as wood alcohol, or methyl alcohol, either crude or refined, under or by whatever name or trade mark the same may be called or known.

No person shall sell, offer for sale, give away, deal in or supply, or have in his possession with intent to sell, offer for sale, give away, deal in or supply any wood naphtha, otherwise known as wood alcohol or methyl alcohol, either crude or refined, under or by whatever name or trade mark the same may be called or known, unless the container in which the same is sold, offered for sale, given away, dealt in or supplied, shall bear a notice containing the following device and words conspicuously printed or stenciled thereon, viz.:

SKULL AND
CROSSBONES

POISON
WOOD NAPHTHA
OR WOOD ALCOHOL

SKULL AND
CROSSBONES

WARNING—It is unlawful to use this fluid in any article of food, beverage, or medicinal or toilet preparation for human use internally or externally.

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D. For further investigation where methyl alcohol was sold knowingly for external purposes.

	A	B	C	D	TOTAL
Drug stores	1,412	32	466	65	1,975
Wholesalers					
Liquors and drugs					
Department stores	92	36	298	..	426
Paint stores and supply houses					
	1,504	68	764	65	2,401

"Letters giving instruction and warning are being sent to all violators, and reinspection will be made in all such cases." (See Appendix VI, page 56, for letter.)

That the efforts of the Department of Health are accomplishing the desired objects is indicated by the steadily increasing number of druggists and others who have discarded their old labels and adopted the new required forms, as is shown under A of the above table.

The detection of druggists who were violating the provisions of the Sanitary Code, in regard to the labeling of wood alcohol, has been furthered by the interest and coöperation of the nurses at the Henry Street Settlement. They obtained, from their patients and from druggists in various parts of the city, bottles containing some form of wood alcohol which were inadequately labeled. Several of the cases discovered by the Henry Street nurses were subsequently prosecuted by the Department of Health.

The deportation, in June, of Nicholas Karolis, a young Greek of New York City, who had caused the death of three men and the blindness of two others by selling a cordial containing wood alcohol, indicates the seriousness with which the misuse of this poison is now regarded by the judiciary.

Subsequent to the tragedy referred to, Karolis was indicted by the Supreme Court for manslaughter in the first degree. He pleaded guilty to the charge, and was deported to Greece. His offense consisted in using rectified wood alcohol in the prepara-

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tion of anisette, a popular cordial among the Greeks and Armenians, and selling this poisonous beverage to his fellow-countrymen.

It is four years since the Committee for the Prevention of Blindness appointed a Sub-Committee on Wood Alcohol, consisting of Dr. Ward A. Holden, Chairman, and the Secretary, to ascertain how serious was the wood-alcohol menace, and what measures might be taken to protect the public against this form of poisoning. This Sub-Committee was later strengthened by the addition of Dr. John B. Andrews, Secretary of the American Association for Labor Legislation. As has been previously reported, it was ascertained that the dangers were to be found in the fairly wide-spread custom of substituting wood alcohol for grain alcohol in beverages, drugs, and cosmetics, and in the employment of wood alcohol in certain industries, without at the same time making provision for adequate ventilation.

The Committee sought the coöperation of the New York City Department of Health, the New York State Board of Pharmacy, and the New York State Pharmaceutical Association, the United States Brewers Association, organized labor in Greater New York, and large refiners of wood alcohol which were selling their product under various misleading trade names.

The ends which it was desired to reach were the invariable use of a poison label on wood alcohol in any form; the prohibition of the use of this poison as an adulterant; the discontinuance of the trade names which made it so easy to confuse wood alcohol with the non-poisonous grain alcohol; the substitution of denatured alcohol in the home and industries, so far as was possible; and provision for adequate ventilation in those industries where the use of wood alcohol was necessary. A continuous and wide-spread publicity campaign has been carried on simultaneously with the endeavor to institute the reforms mentioned.

Owing to the vigorous action of the New York City Department of Health and the New York State Pharmaceutical Association, it is believed that wood alcohol is now rarely sold in New York City without the poison label, while its use in drugs and cosmetics is less and less frequent. The Wood Products Company of Buffalo has rendered valuable service in this campaign by

changing the name of its rectified methyl alcohol from Columbian Spirits to Columbian Methynol, in order that it might not be confused with cologne spirits or grain alcohol; and also by urging druggists throughout the State to sell denatured instead of wood alcohol to their retail customers for household use, and is discouraging the use of wood alcohol in the preparation of cosmetics.

The improved conditions in the industries are evidently attributable to the attitude of the workmen themselves and the wide-spread publicity given to each case of poisoning through inhalation which resulted in death or blindness.

The Committee has knowledge of but one case of wood alcohol poisoning in New York City during the past year—that of an inebriate woman who was accustomed to using alcohol as a beverage, and who died as a result of drinking wood alcohol upon one occasion. The druggist who was thought to have sold the alcohol causing the woman's death apparently took alarm at the circumstances, and promptly destroyed all labels which might have been used as evidence, thus making official action impossible. This record of one case in a year, as compared with 59 cases which occurred during the four preceding years, would suggest that official action and wide-spread publicity had practically eliminated the wood alcohol menace from New York City.

It is significant to observe at this juncture that the New York Committee at present receives more and more reports about cases of wood alcohol poisoning occurring in other parts of the country than it formerly received, which suggests the growing interest in this problem, with a resultant effort to correct it.

PRACTICAL SIGHT-SAVING WORK

As the Committee employs neither nurses nor field workers, it is unable to do practical sight-saving work through its own staff, but makes every effort to secure through other agencies adequate treatment for sufferers brought to its attention.

Too much cannot be said in appreciation of work of this character done by the Henry Street Settlement nurses, who have cared for or secured treatment for 12 persons referred to them by the Committee. Evidently there are several human beings in New York City who owe the preservation of their sight to the

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prompt and persistent efforts of these nurses, since complete cures were effected in all but two of the cases referred to them. One of these, a child four years of age, has slight corneal scars, following phlyctenular keratitis; the other, also a child of four, has lost the sight of one eye, while the other eye is seriously affected as a result of the same disease. As the mother cannot be persuaded to secure medical attention in the latter case, it has been referred to the Society for the Prevention of Cruelty to Children for intervention.

One baby in New York City has been saved from blindness through the action of the aforementioned Society, whose aid was invoked by the Committee for the Prevention of Blindness. The baby in question was attended by a midwife who undertook to treat its eyes when they became inflamed. At the end of eight or ten days, the baby was taken to an eye hospital where its condition was declared to be serious. Contrary to advice, the mother insisted upon removing the child at the end of three weeks' stay in the hospital. As there was still danger of blindness unless treatment was continued, the case was taken into the First District Court, where the mother was given the alternative of leaving her baby in the hospital until cured, or of herself going to prison. She chose the former course, and the baby's sight was saved.

A baby in East New York, referred to this Committee with the belief that it was a case of ophthalmia neonatorum, was found, upon medical examination, to be totally blind as a result of congenital cataracts. Although there is reason to believe that the child may be given its sight through surgical procedure, it is evident that this will be accomplished only through patient and persistent effort in persuading the mother to take her baby to the hospital, where it may be given the necessary treatment.

The obstacles raised by mothers in saving the sight of their babies has been exemplified in another case, in which the mother insisted upon leaving one of the large maternity hospitals in New York City against advice while the baby's eyes were still sore. Unfortunately, there was no follow-up work from this hospital, and the case only came to light by chance. The baby's

sight was saved as a result of long and continued supervision by the Henry Street nurses.

The importance to the individual child's future of a careful ocular examination is illustrated in a case recently referred to the Committee for the Prevention of Blindness. It was that of a boy of fifteen, whose guardians could decide whether to provide academic or industrial training only after learning from an oculist what kind of pursuits the boy's eyesight would permit. It was found, upon examination, that close and continued use of the eyes would probably not be possible for many years, and might result in serious impairment of vision, while the boy will probably have fairly good eyesight all his days if he performs only light manual work, for which he is now being prepared.

PUBLICATIONS

The only publication issued by the New York State Committee was its Sixth Annual Report and Summary of Six and One-Half Years' Work, January 1, 1915, of which 5000 copies were printed. The Secretary has, however, prepared four of the six publications issued by the National Committee, and assisted in the preparation of a folder issued by the Metropolitan Life Insurance Company, entitled "Mother, Baby and Midwife," also in the preparation of the "Special Rules and Regulations for the Practice of Midwifery," issued by the New York State Department of Health.

The Committee has distributed 22,035 publications in the State of New York during the last ten months.

Among the large numbers of publications distributed have been those used at the Julia Richman High School, New York City (1000 copies); 1000 copies by the Albany Association for the Blind; 1000 copies by the Harlem Y. M. C. A.; 500 copies at a popular meeting held by the New York State Commission for the Blind at Glens Falls, N. Y.

LECTURES AND ADDRESSES

Seventy-seven lectures and addresses on various phases of work for the prevention of blindness, conservation of vision and midwife reform have been given by members of medical societies throughout the State—lecturers from the State Department of

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Health and the Committee for the Prevention of Blindness, before audiences aggregating a total of about 20,000 persons, composed of physicians, nurses, university students, sanitarians, club women, school-children and the general public.

EXHIBITS AND LANTERN SLIDES

The Committee's photographic exhibits have been loaned to the Albany Association for the Blind, and for the annual meeting of the New York State Medical Society, while a small exhibit was prepared for inclusion in the exhibition of the New York State Commission for the Blind at the Panama-Pacific Exposition.

Lantern slides are being constantly sold and loaned to physicians and lay workers lecturing on some or all aspects of prevention of blindness.

PRESS NOTICES AND MAGAZINE ARTICLES

The Committee's educational work has been greatly facilitated by the continued support of the daily press throughout New York State, and various medical, nursing, sociological and public health magazines, in which have appeared editorials and articles on various phases of prevention of blindness work.

Articles by the Secretary have appeared in the Monthly Bulletin of the New York State Department of Health, September, 1915; New York State Medical Journal, February, 1915; Buffalo Sanitary Bulletin, April 30, and October 2, 1915.

A review of the Committee's report on "The Midwife in England," entitled "La Levatrice nell'America e nell' Inghilterra," written by Professor M. Pazzi, of Bologna, appeared in "La Ginecologia Minore," anno 1914, c. 11.

During the coming year it is the purpose of the Committee to develop still further the various forms of work for the prevention of blindness which have been presented in this report, and also to extend its activities as new opportunities may present themselves. To this end it is inviting ophthalmologists from various parts of the State to join as Associate Members, who will represent the Committee in their respective communities and assist in extending both educational and practical sight-saving work.

Respectfully submitted for the Committee,

CAROLYN C. VAN BLARCOM,
Secretary.

APPENDIX I

Notes upon the cases of three babies in New York City and State known to have suffered serious visual impairment as a result of babies' sore eyes.

Baby A was born in one of the large cities in New York State. He was delivered by a physician in good standing, who neither reported the birth nor the inflamed eyes, as is required in New York State. He informed the mother that he did not treat eyes, and suggested that she consult another physician, but did nothing further towards safeguarding the baby's sight. After a period of several days the mother called another doctor, but too late, for the baby is now blind. The case was taken to court, the doctor exonerated, and according to legal dictum no one is responsible for this baby's blindness.

Baby B was attended by a midwife. The eyes became sore on the second day and as nearly as is possible to learn, the midwife did not report the case until the seventh day, during which time she treated the eyes herself. The Department of Health inspector advised that the baby be taken to a hospital. This step was evidently taken too late, for the baby is almost totally blind. The Department of Health record says: "The case is blind in the left eye, due to ulceration of the cornea. There is a small corneal opacity over the right eye which does not, however, interfere materially with the vision of the eye." Ophthalmological examination discloses the fact that one eye is totally blind as a result of a large central scar, while on the other eye a large central scar destroys all but enough vision for the child to grasp at objects.

Baby C was attended by a midwife who used prophylactic drops but, when the eyes became sore on the third day, advised the use of boracic acid, and evidently suggested that a doctor be called, but did not report the case to the Department of Health. On the 12th day the mother took the baby to a hospital, where it

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remained for several weeks, but the eyes were so badly inflamed that it was impossible to save them. An ophthalmological examination shows that one eye is totally blind while in the other there is possibly $\frac{1}{10}$ vision, while the Department of Health record says, "The sight of the left eye is entirely lost and the sight of the right is partially lost at present."

Here again the midwife is open to criticism, for having given treatment, and the mother is also at fault for not having secured the services of a physician.

APPENDIX II

DEPARTMENT OF HEALTH, BUFFALO, N. Y. BUREAU OF CHILD HYGIENE MIDWIFERY

	DATE_____
	Mother's Name _____
Baby's Name_____	Address _____
Date of Birth_____	Mother's Condition_____
Condition of eyes_____	Breast } Lochia }
Condition of navel_____	* Temperature
Condition of skin_____	* Pulse
Condition of mouth_____	Remarks
Deformities _____	
Nourishment_____	
* If required _____	_____ Nurse

FORM USED BY BUFFALO DEPARTMENT OF HEALTH NURSES FOR RECORDING
OBSERVATIONS IN VISITING MIDWIFE CASES

APPENDIX III

(Date)
To the Health Officer:
You are hereby notified that (name) (address) was born on (date) and is suffering with sore eyes (Check the following statement that applies to this case)
1. I will assume full responsibility for the case
2. I would like to have the Health Department secure hospital care for this case
3. I will continue to treat this case but
(a) Would like to have the assistance of a nurse
(b) Would like to have the Health Department take a smear
(c) Would like an expert consultant
(Name of physician)
(Address)

SUGGESTED FORM TO BE USED BY DOCTORS IN REPORTING BABIES' SORE EYES

APPENDIX IV

WHEREAS, About 26.8 per cent of the total enrollment of pupils during 1914 at the New York State School for the Blind are blind as a result of ophthalmia neonatorum; and,

WHEREAS, Ophthalmia neonatorum is not necessarily a gonorrhœal disease nor a reflection on the virtue of father or mother, but an infection which may occur in any labor; and,

WHEREAS, Blindness from ophthalmia neonatorum would practically never occur if a prophylactic were used in the eyes of every infant at birth, and if all cases of sore eyes among infants were promptly and adequately treated; and,

WHEREAS, The Committee on Conservation of Vision of the Council on Health and Public Instruction of the American Medical Association is endeavoring to have such uniform laws enacted in all states as will secure the adoption of these two measures; and,

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WHEREAS, There are already on the statute books of the State of New York the necessary laws, and in the organization of the State and City Departments of Health the requisite machinery for the enforcement of these laws:

Be it Resolved, That the Medical Society of the State of New York approves the contemplated action of the State Department of Health to have all cases of redness or swelling or discharge from the eyes of newborn infants reported promptly in such a way as to secure adequate medical treatment for cases not in the care of physicians, or such assistance from the health officer in the shape of nursing or consultation or laboratory investigation as the attending physician may desire;

And be it also Resolved, That the Medical Society of the State of New York, furthering the efforts of the Council on Health and Public Instruction of the American Medical Association, endorse the effort of the State Department of Health and the New York Committee for the Prevention of Blindness to extend in New York State an educational campaign among laymen for the conservation of vision, and that the local medical societies be urged to lend their assistance in furthering prevention of blindness work in their respective communities.

And be it also Resolved, That the Medical Society of the State of New York recommends to the Public Health Council of the New York State Department of Health that it declare suppurative conjunctivitis a reportable disease as well as ophthalmia neonatorum.

RESOLUTIONS ADOPTED BY MEDICAL SOCIETY OF THE STATE OF NEW YORK
AT ITS ANNUAL MEETING HELD IN BUFFALO APRIL, 1915

APPENDIX V

Name	Sex M. F.	Age	Height M S W	Stock	Address
NEW YORK COMMITTEE FOR THE PREVENTION OF BLINDNESS					
1. FAMILY HISTORY					
PERSONAL HISTORY					
2. URINALYSIS —(a) Color (b) Sp. Gr. (c) React. (d) Sugar (e) Alb. (f) Casts 3. HABITS (a) Alcohol (Kind and quantity per day) (b) Tobacco (Kind and quantity per day) 4. RECENT ILLNESS (of any kind) 5. ILLNESS OF CHILDHOOD 6. DISEASES (if hereditary mark X, otherwise *) (a) Syphilis (b) Rheumatism (c) Tuberculosis (d) Epilepsy (e) Migrain (f) Habit Spasm 7. NOSE AND THROAT (a) Hysteria (b) Catarrh (c) Adenoids (d) Operation 8. EARS (a) Hearing (b) Pain 9. GENERAL APPEARANCE 10. MEDICINES USED (a) Kind & reason (b) Frequency					
Before					
After					
11. HEADACHE (a) How often (b) Time of day (c) Location (d) Severity (e) Accompanied by nausea (f) Increased by use of eyes (g) Accompanying disability (h) Drugs used 12. DIGESTION (a) Teeth (b) Flatulence (c) Pain or discomfort (d) Nausea (e) Appetite (f) Constipation (g) Palpitation 13. WEIGHT 14. BLOOD PRESSURE 15. COLOURS 16. NERVOUS SYSTEM (a) Sleep (b) Dreams (c) Twitching (d) Irritability (e) Depression (f) Fatigue (g) Vertigo (h) Pains (i) Exhaustion (j) Regularity (k) Duration (l) Treatment 17. MENSTRUATION					
18. EFFICIENCY (a) Hours of labor (b) Hours lost (c) Cause (d) Earning capacity (e) Quality of work 19. WORKING CONDITIONS (a) Kind of work (b) Does it involve eye strain Yes No (c) Presence of dust Yes No 20. LIGHTING (a) Proportion of time working under artificial light Yes No (b) Kind of light Gas Electric (c) Shadow on work Yes No 21. RECREATION (How is time out of hours spent) (d) Glare Yes No (e) Operator facing window Yes No					

APPENDIX V—(Continued)

EYE HISTORY

22. PREVIOUS EYE DISEASES			
23. VISION	(a) Near	(c) Evidence of strain (trown, squint, lifted eye brows, etc.)	(d) Working distance
24. PAIN	(b) Distant	26. DIPLOPIA	
27. GLASSES-R. E.	25. PHOTOPHOBIA	When	Why
By whom	L. E.	Result	

EXAMINATION OF EYES

28. EXTERNAL DISEASES			
(a) Lids			
(b) Conjunctiva			
(c) Iris and Pupil			
(d) Media			
(e) Fundi			
(f) Drops			

29. EYES	RETINOSCOPY	VISION	CORREC- TION	RESULT VISION	NEAR VISION	OPHTHAL- MOMETER	GLASS ORDERED	HOW ARE GLASSES WORN	
								Constantly	At Work
Right									
Left									
30. MUSCLE BALANCE								31. COLOR VISION	
Additional Remarks									

(B) REVERSE SIDE OF CARD

APPENDIX VI

SIR:

At a recent inspection of your premises by an Inspector of this Department it was found that methyl alcohol, otherwise known as Wood Alcohol and by other trade names, such as Columbian Spirits, was sold in violation of Section 124 of the Sanitary Code, in that it was not labeled in accordance with the requirements of the above named Section, which states in part:

"No person shall sell, offer for sale, give away, deal in, or supply, or have in his or her possession with intent to sell, offer for sale, give away, deal in, or supply, any wood naptha, otherwise known as wood alcohol, or methyl alcohol, either crude or refined, whatever may be the name or trade mark under or by which the said wood naptha shall be called or known, unless the container in which the same is sold, offered for sale, given away, dealt in, or supplied, shall bear a notice containing the following device and words conspicuously printed or stenciled thereon, viz.:

(Skull and crossbones represented.)

POISON

WOOD NAPTHA OR WOOD ALCOHOL

WARNING: It is unlawful to use this fluid in any article of food, beverage, or medicinal or toilet preparation, intended for internal or external human use. (S. C. Sec. 66a.)"

You are hereby informed that a reinspection will be made within thirty days from date, when it must be found that the requirements of the section are being lived up to, or steps will be taken by this Department to present the evidence to the Corporation Counsel for prosecution in the Courts.

Respectfully,

Director.

LETTER SENT BY NEW YORK CITY DEPARTMENT OF HEALTH GIVING INSTRUCTION AND WARNING TO ALL VIOLATORS OF SECTION 124 OF THE SANITARY CODE

COMMITTEE FOR THE PREVENTION OF BLINDNESS STATE OF NEW YORK

ORGANIZED JUNE 5, 1908*

MISS LOUISA LEE SCHUYLER, LL.D., *Chairman*, Vice-President State Charities Aid Association.

DR. ELLICE M. ALGER, Professor of Ophthalmology, New York Post-Graduate Medical School.

MISS BESSIE ELY AMERMAN, Superintendent of Nurses, Henry Street Settlement.

MR. JOHN B. ANDREWS, PH.D., Secretary, American Association for Labor Legislation.

HON. HERMANN M. BIGGS, M.D., Commissioner of Health, New York State.

MR. GEORGE BLADGEN, Member of Board of Directors New York Association for Improving the Condition of the Poor.

MRS. LINDLEY HOFFMAN CHAPIN.

HON. THOMAS DARLINGTON, M.D., Former Commissioner of Health, New York City.

MR. CARL A. DE GERSDORFF, Member Board of Managers, New York Institute for the Education of the Blind.

MISS MARTHA LINCOLN DRAPER, Member Board of Education, New York City.

DR. J. CLIFTON EDGAR, Professor of Obstetrics and Clinical Midwifery in Cornell University Medical College.

HON. JOHN H. FINLEY, Commissioner of Education, New York State.

MR. HOMER FOLKS, Secretary State Charities Aid Association.

MISS ANNIE M. GOODRICH, Assistant Professor Department of Nursing and Health, Teachers College, Columbia University.

DR. WARD A. HOLDEN, Professor of Clinical Ophthalmology, Columbia University.

MISS WINIFRED HOLT, Secretary New York Association for the Blind.

MR. CLARENCE L. LAW, Vice-President Illuminating Engineering Society.

DR. F. PARK LEWIS, Member Committee on Conservation of Vision, American Medical Association.

MISS CLARA D. NOYES, General Superintendent of Nurses of Bellevue and Allied Hospitals.

MISS M. ADELAIDE NUTTING, Director Department of Nursing and Health, Teachers College, Columbia University.

MRS. WILLIAM B. RICE, Vice-President State Charities Aid Association.

MR. THOMAS J. RILEY, PH.D., Secretary Brooklyn Bureau of Charities.

HON. P. TECUMSEH SHERMAN, Former Commissioner of Labor, New York State.

MISS LILLIAN D. WALD, Head Worker Henry Street Settlement (Nurses' Settlement).

MR. JOHN L. WILKIE, Vice-President Herman Knapp Memorial Eye Hospital.

MISS CAROLYN C. VAN BLARCOM, *Secretary*, Formerly Assistant Superintendent Johns Hopkins Hospital Training School for Nurses.

MISS LOUISE SCHOFIELD, *Assistant Secretary*.

* The original members were:

Hon. P. Tecumseh Sherman, *Chairman*
Hon. Thomas Darlington, M.D.
Dr. J. Clifton Edgar
Mrs. Edward R. Hewitt
Miss Winifred Holt

Dr. F. Park Lewis
Hon. Eugene H. Porter, M.D.
Mrs. William B. Rice
Miss Louisa Lee Schuyler
Miss Lillian D. Wald

